

Coaches & Teachers Professional Development Registration Form

Muskingum University • New Concord, Ohio • (P) 740 826 8038 • (F) 740 826 6038 • gcs@muskingum.edu • www.muskingum.edu

Date: _____ Student ID #: _____ SSN: _____

Name: _____
Last First M.I. Maiden/Previous

Address: _____
Street City State Zip County New Address?

Phone: _____
Home Work Cell/Other

E-mail: _____ Employer: _____

Are you a NEW or CONTINUING student at Muskingum University?

I would like more information about completing my Master's Degree at Muskingum University

Professional Development Courses: Please indicate which course(s) for which you would like to register

Course #	Course Title	Semester Hours
<input type="checkbox"/> EDUC 580-1139	Alternative Trends: Dealing with Stress	1
<input type="checkbox"/> EDUC 580-1140	Alternative Trends: Understanding and Addressing Biofeedback	1
<input type="checkbox"/> EDUC 580-1141	Alternative Trends: Influencing the Power of Positive	1
<input type="checkbox"/> EDUC 580-1142	The Psychology of Peak Performance: Thinking to Win	1
<input type="checkbox"/> EDUC 580-1143	The Psychology of Peak Performance: Time to Get Better	1
<input type="checkbox"/> EDUC 580-1144	The Psychology of Peak Performance: Mind Games	1
<input type="checkbox"/> EDUC 580-1145	Nutritional Foundations for Better Performance: Energy & Fuel...	1
<input type="checkbox"/> EDUC 580-1146	Nutritional Foundations for Better Performance: Understanding Carbohydrates, Fats & Proteins...	1
<input type="checkbox"/> EDUC 580-1147	Nutritional Foundations for Better Performance: Understanding Vitamins, Minerals...	1

Professional Development tuition is \$199 per credit hour

TOTAL DUE: 199.00 X _____ Semester Hours = \$ _____ **TOTAL DUE**

Please bill my school or agency against the attached (or faxed) purchase order # _____ Dated: _____

My check for \$ _____ is enclosed, dated: _____ Check # _____

Please charge my: MasterCard Visa Discover \$ _____ Expires (MM/YY) _____

Card # _____ 3-digit CVV: _____

Print cardholder's name _____ Cardholder's signature _____

I intend to file or have filed for financial aid/loans.

Signature _____

Date _____